

ATTENDEES:

(P) Geoff Ritchie	(P) Ricco Bhasin	(P) Susan Britton Payne	(P) Jasmine Tehara
(P) Kulvir Singh Gill	(P) Linda Franklin	(P) Mark Beckles	(P) Michael Torrance
(P) Pardeep Singh Gill	(P) David Charron	(P) Stuart Johnston	(P) Dr. Frank Martino
(P) Dr. Naveed Mohammad	(P) Tiziana Rivera	(P) Dr. Victor Rajkotwala	(P) Dr. I. Ciric
(P) Brenda Bushey (Resource)			
Kiki Ferrari	Florine Lobo	Ann Ford	Deepak Sharma
Karen Sedore			

1.0 CALL TO ORDER & DECLARATION OF CONFLICT

The meeting was called to order. No declarations of conflict were made. Linda Franklin was asked to assume the role of the Chair for the first hour of the meeting.

MOVED, seconded

That the agenda be approved - CARRIED

1.1 CHAIR'S REPORT

The Chair addressed the Board. Given the volume of materials and the full agenda, participants were asked to assume that all materials have been read in advance of the meeting.

A revised terms of reference was tabled for the Capital Asset Development Funding Working Group. Changes have been made as previously suggested. Linda Franklin will replace Mark Beckles as a member of the Working Group.

MOVED, seconded

That the terms of reference be accepted as presented - CARRIED

2.0 LIVING THE VISION

Mark Beckles provided the *Living the Vision* segment which focused on Osler's Withdrawal Management Centre located on McLaughlin Road in Brampton. The Centre provides the following services:

- Non-medical residential services to those individuals 16 yrs. of age and older who are in crisis as a result of drug, alcohol or gambling addictions
- 20 bed facility (serving approximately 1500 patients annually)
- Includes recreational and cafeteria space
- Provides assessment, education, counselling and referral services
- E-therapy and virtual care sessions available
- Nurse practitioner and psychiatric assistance available.

Key takeaways were listed as follows:

- New perspective on services in Brampton
- Dual importance of treatment and prevention
- Passionate and caring health care professionals
- Delivering exceptional care to individual who are not just battling addictions but the social stigma as well
- Accelerating the province's 'roadmap to wellness' 10-year strategy

Q: How does this model fit into addictions treatment more broadly? Are patients referred out to other programs? Does this transfer to another part of the provincial health care system?

A: Patients are referred to the centre through a visit to the Emergency Department (ED) or from community sources. If a patient arrives at the ED, they will be assessed in the short stay medical assessment unit, and if required, initial withdrawal treatment would begin. Following initial treatment a referral to the centre would be made. The centre includes services and support from both nurse practitioners and psychiatrists.

It was noted that the withdrawal centre is part of the PMC Phase 2 planning discussions. The centre will require some renovations in order to continue to provide required services.

Q: In terms of capacity, what do we need to be thinking of?

Since the onset of COVID-19, e-therapy and virtual care services are now available. The addition of these services has seen a decrease in the overall drop-out rate of patients.

3.0 CONSENT AGENDA

One motion is required to approve all items included in the Consent Agenda. A reminder was provided that any of the items contained within the Consent Agenda may be placed on the regular agenda for discussion. A summary of the motions are contained within the Consent Agenda.

The following items are included within the Consent Agenda for approval:

- CA 3.1 Board Minutes: *January 27 & February 24, 2021*
- CA 3.2 MAC Minutes: *March 10, 2021*
- CA 3.3 Governance & Nominating Committee Minutes: *February 4, 2021*
- CA 3.4 Health Services & Quality Committee Minutes: *February 3 & March 3, 2021*
- CA 3.5 Resources & Audit Committee Minutes: *February 10 & March 10, 2021*

MOVED, seconded

That the items listed within the consent agenda be approved – CARRIED.

4.0 BUSINESS ARISING

4.1a CHAIR'S REPORT: Health Services & Quality Committee

The Chair's report was included in the package which reflects discussions from the February 3 and March 3 committee meetings. The following items will be presented for further discussion: 2021 Quality Improvement Plan, 2020 QIP Results, Q3 Balanced Scorecard results and Staff & Physician Engagement Survey results.

2020 QIP/2021 QIP TARGETS

Results of the 2020 Quality Improvement Plan (QIP) were presented. The year finished with 3 green, one yellow and one red indicator. Targets were part of a two-year QIP. The contributing factors related to the yellow and red results were discussed with the committee.

As reported previously, no direction has been received to date regarding the requirements of a 2021 QIP. However, the Board has made the decision to proceed with the development of a QIP. Further discussion may be necessary should specific direction be received by Health Quality Ontario. Change ideas and supporting materials have been developed to support the Plan. All materials align with accreditation requirements, organizational practices and Osler's safety plan.

The 2021 QIP will include four indicators:

- Number of workplace violence incidents
- Time to inpatient bed
- Leaving hospital did you receive enough information
- Medication reconciliation.

Details including justification for each indicator were discussed.

Number of workplace violence incidents: this was a mandatory indicator as identified by Health Quality Ontario. Last year was spent developing the appropriate infrastructure to bring awareness to the organization. Recognizing workplace violence incidents and how best to record them was the focus. This year the focus has been on reducing the

number of incidents that occur within a calendar year. The target has been set at 170 incidents which is a 5% decrease year over year.

Time to inpatient bed: The target has been proposed at 42.1 hours which is a 5% reduction from the 2020 target.

Leaving hospital did you receive enough information?: last year data collection was suspended due to COVID activity. The proposed target for this year is 78% which is a 5% increase over last year's results.

Medication reconciliation on discharge: The proposed target for this year is 83.7% which is a 5% increase against last year's results.

It was noted that the Quality Improvement Plan includes performance-based executive compensation. No information has been received to date regarding the link to executive compensation. The QIP will be posted on-line tomorrow (April 1) as required by Health Quality Ontario. This information will not be submitted to the Ministry at this time as their QIP portal is currently closed.

Q: Of the four targets proposed, 3 seem to be achievable. What is the rationale for the 5% target set relating to workplace violence?

The organization recognizes that this number should be zero. COVID has brought a spotlight to some behaviours and a noticeable increase of violence has been noted. Efforts are underway to ramp up interventions to reduce the number of workplace violence incidents that occur at Osler.

It was stated that the 5% target is modest. Given the number of staff, physicians and volunteers at Osler (10000+), improvement in this area will be a journey. If aggressive targets are set, consideration on the viability of achieving those targets will be required. Regardless of the target, Osler has a zero tolerance for this type of behavior, and disciplinary action will and has been taken in some cases.

Q: In terms of improving quality, what did you learn in the last year and how are you applying those learnings?

There were a number of learnings identified throughout this past year including: the relationship required with patients, appropriate action and focus during a crisis, recognition of quality indicators that keep everyone safe, and the importance of infrastructure to support the efforts.

MOVED, Seconded

That the Board of Directors approves the 2021 Quality Improvement Plan as presented and recommended by the Health Services & Quality Committee of the Board - CARRIED

YTD Q3 BALANCED SCORECARD PERFORMANCE

Deepak Sharma, AVP Organizational Performance was introduced to the Board. The balanced scorecard was developed at the beginning of COVID. At that time, a liberal approach was taken when setting the targets.

Results for YTD Q3 were shared as follows: 9 metrics – 3 green, 1 yellow, 3 red, and 2 interdeterminate.

HEALTH SYSTEM LEADERSHIP

This Direction includes two metrics:

*How confident do you feel managing your health condition?, and
30-day readmission composite of top chronic disease HIGs*

It was noted that some of the targets under this Direction require the support of partners. During the reporting period, surveys relating to the patient experience target were postponed. In addition, the 30-day readmission target was identified as a stretch target.

ORGANIZATIONAL EFFECTIVENESS

This Direction includes three metrics:

*90th percentile ED LOS for admitted patients
Total margin (\$M), and
Current ratio.*

Results for this quadrant are currently performing better than target for all indicators. Although the organization is heading into challenging months in regard to the 90th percentile ED LOS, teams are confident that the established target will be achieved. The current margin and total ratio are both trending favourable to plan. [REDACTED]

PEOPLE & CULTURE

This Direction includes two metrics:

*Physician engagement, and
Staff engagement.*

Osler has established a partnership with a new vendor to support the staff and physician engagement surveys. As a result, the data provided is not comparable to the previous results. The BSC performance for these metrics will remain indeterminate until the new targets are set for 2021/22.

QUALITY EXCELLENCE

This Direction includes two metrics:

*Hospital Standardized Mortality Ratio (HSMR), and
Did you feel staff were genuinely concerned about you? i.e. empathy.*

Performance on the two quality indicators are close to target. The HSMR performance is worse than target, however, the data is skewed by poor April and May results. It appears that COVID activity has impacted the calculation of this metric. A review of the data is currently underway to better understand the results for these two months. Without the April and May results, the HSMR performance would have been 108 (compared to 113).

Results for the second indicator '*Did you feel staff were genuinely concerned about you*' are very close to target. It is anticipated that targets will be achieved by year end.

Q: Is there a correlation between the Quality Improvement Plan and the Balanced Scorecard; the QIP references the workplace violence indicator whereas the scorecard references employee engagement. Does one influence the other and are we duplicating information?

It was noted that there is a direct link between employee engagement results and patient outcomes.

Q: Does the balanced scorecard influence or drive the targets identified in the QIP?

In some cases, one may drive the other. For example, *time to inpatient* bed will appear on most QIPs and scorecards. Deliberate attempts have been made not to place one metric on both scorecards.

The 2021 scorecard is currently being finalized and will be presented to the Health Services & Quality Committee in May.

4.1b CHAIR'S REPORT: Governance & Human Resources Committee

A report was predistributed from the Chair of the Governance & Human Resources Committee which reflects discussions from the February 4, 2021 meeting. Members were advised that there are no Board vacancies for the 2021/22 cycle.

ACCREDITATION PREPARATION:

Results of the recent Board assessment survey were presented for discussion. A special thanks was given to all members for achieving 100% participation. All of the feedback will be considered in the development of a supporting work plan. In addition to the regular Board and Committee updates, a special workshop will be scheduled in May which will be dedicated to Accreditation planning. A proposed agenda will be developed with support by the Quality team.

There are 91 Governance Standards that are reflective of the Board's activities. The results of the recent Board assessment were presented as follows: [REDACTED] A further analysis of the results was completed and as a result, nine themes were identified which require greater focus. They include:

1. Board orientation
2. Board Members' roles and responsibilities and expectations
3. CEO succession planning
4. Organizational talent management plan
5. Client & family complaint summary reports
6. Public disclosure of information related to governance processes, activities, decision-making processes, and performance
7. Sharing the records of governance activities and decisions with the organization
8. Regular review of members' contributions and providing feedback
9. Annual reporting of achievements.

It was noted that some of the themes and areas of focus identified are currently being addressed as part of the committee mandates and work plans. An action plan will be developed to address all unmet standards.

The Board will be required to complete a Governance Functioning Tool survey. This survey is similar to the one just completed, however, results are submitted directly to Accreditation Canada. Mock survey exercises will also be scheduled in June and September. These exercises will allow members to experience what it is like to walk through an accreditation survey.

A brief discussion ensued regarding expectations and requirements of the Board prior and during the survey. Going forward, materials will be linked to the standards where appropriate, to provide alignment and better understanding of processes and best practice as it pertains to the governing body.

Accreditation Canada requires that supporting evidence for all standards be submitted by July 31.

4.1c CHAIR'S REPORT: Resources & Audit Committee

A report was included in the meeting materials from the Chair of the Governance & Human Resources Committee which reflects discussions from the February 10 and March 10, 2021 meetings. Operating budget

2021 OPERATING BUDGET:

The 2021/22 operating budget planning assumptions and balancing strategies were presented for discussion. The budget strategy for 2021/22 included three stages: pre-COVID baseline budget, incremental one-time COVID expenditures, and additional permanent investments. This year's operating budget was presented as a pre-COVID baseline budget. The budget is balanced at line level. The expectation is that COVID expenses will be managed using the same process as last year.

The following key messages were shared:

- Received funding for 87 beds
- Cost pressures reviewed
- 1% incremental non-targeted funding assumption
- Opportunity for staffing mix opportunities
- Incremental COVID expenses will continue to be invoiced to the Ministry
- 10 year cash flow and capital plan will be presented to the Resources & Audit Committee
- There was no requirement for a HAPS submission in 2020; H-SAA was extended to March 31, 2021.

Q: Regarding the 87 additional beds; is the additional funding one time or is it recurring? Will you have a bigger gap in 2023? Do you have any influence on the mix of those beds?

Currently the funding is one time however, it is common practice that the funding transition to base. [REDACTED]

[REDACTED] It was also noted that the hospital does not have any influence on the mix of beds.

Q: *What was the number of critical care beds opened – 6 or 4?*

Approval was granted for 6 beds, however, staffing to support these beds is not currently available.

Q: *The OHA seems to be critical of government, in comparison, what is driving Osler's success?*

The position of the OHA is to appropriately lobby the government on behalf of all hospitals. [REDACTED]

[REDACTED] In addition, collaborative efforts with other hospitals has increased. Teams were commended for their efforts in continuing to manage the current situation. Over the past year, teams have learned to manage more efficiently and work more confidently with government officials.

MOVED, Seconded

That the Board of Directors approves the 2021/22 Operating Budget as recommended by the Resources & Audit Committee of the Board - CARRIED

H-SAA Extension

The terms for the H-SAA expires today. A motion to extend the existing H-SAA until March 31, 2022 is recommended for approval. There are no changes.

MOVED, Seconded

That the Board of Directors approves the extension of the H-SAA until March 31, 2022 as recommended by the Resources & Audit Committee of the Board - CARRIED

FINANCIAL POLICY REVIEW & APPROVAL

Two financial governance policies were tabled for approval. There were no changes put forward for recommendation.

MOVED, Seconded

That the Board of Directors accepts the two financial policies (Schedule of Authorities and External Audit & Non Audit Services) as tabled and recommended by the Resources & Audit Committee of the Board - CARRIED

5.0 NEW BUSINESS

5.1 REPORT OF THE PRESIDENT & CHIEF EXECUTIVE OFFICER

A written report was provided for information. Highlights from the report were noted as follows.

On March 26, the Premier and Minister of Health announced the next stage of Peel Memorial Centre for Integrated Health & Wellness. Included in this announcement was the shift of the UCC to a 24/7 operation followed by a transition to a full emergency department. The announcement included \$18M in funding this year to move the UCC to a 24/7 operation. [REDACTED] Osler is grateful to the government for providing this opportunity.

March marked the one year milestone since the COVID-19 pandemic began. The CEO reflected on the accomplishments of the past year and the significant loss of two colleagues due to COVID-19. Vaccination efforts have continued to advance with more than 50,000 vaccines being administered to date.

In addition to managing the COVID crisis, the organization has focused its efforts internally with the rollout of the new values, refreshed website and visual rebranding. The Board was advised that a community town hall was recently held. This event attracted more than 11,000 community members which is the highest number of participants to date.

Dr. Brandon Sheffield and Dr. Parneet Cheema were recently featured in a CTV story highlighting Osler's Next Generation Sequencing technology. Osler is the first community hospital in the world to use this technology. The service allows for rapid gene sequencing to be performed on cancer samples, helping to determine the most effective treatment.

Q: Given the recent funding announcement, how will this advance or reconcile the redevelopment plan for PMC that was previously presented to the Board?

The Ministry initially allocated \$500k towards planning for PMC Phase 2. The recent funding announcement provided for an additional \$1.5M to continue the planning process; as well as, operational funding in the amount of \$18M to transform the UCC to a 24/7 operation. [REDACTED]

Q: In light of the recent announcement regarding a 24/7 UCC; what are the plans to resume activity in the UCC?

Discussions have begun however, the third wave of COVID activity and increased number of variants is a significant concern for the organization. The variants are causing people to get sicker. The chance of being hospitalized is 1.6 x more than the original COVID virus and patients are 3-5 x more likely to be placed on a ventilator. Yesterday's number saw more than 400 patients present in a 24-hour period, and almost 900 patients were seen through Osler's emergency departments. It is likely that the COVID Cold & Flu clinic will be closed and services transferred to the UCC to create additional capacity. It is likely that the transition to a 24/7 UCC will not occur for a couple of months. [REDACTED]

5.2 REPORT OF THE CHIEF OF STAFF

A written report was predistributed for information. Highlights of the report included:

- Legislative changes to Medical Assistance in Dying (MAiD); required operational changes needed to adopt this new legislation will be reviewed by MAC
- Future updates will include information pertaining to an external review currently being undertaken of the laboratory services at Osler
- 960 physicians have been recredentialed this year.

5.3 2020 STAFF & PHYSICIAN ENGAGEMENT SURVEY RESULTS

Presentation of the results of the 2020 staff and physician engagement survey were deferred.

6.0 IN-CAMERA DISCUSSION

[REDACTED]

7.0 ADJOURNMENT

MOVED, seconded

That the meeting be adjourned – CARRIED